## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Solication or Docket Number 09/646/19

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                      |   |                    |   |                  |            | SMALL ENTITY TYPE |                        | OR      | OTHER<br>SMALL E    |                        |
|--|----------------------|---|--------------------|---|------------------|------------|-------------------|------------------------|---------|---------------------|------------------------|
| FO   | R                    | NUMBE                                       | NUMBER FILED NUM   |   | REXTRA           |            | RATE              | FEE                    |         | RATE                | FEE                    |
| ВА   | SIC FEE              |   | 7.44.1             |   |                  | Sales Sec. |                   | ·                      | OR      | 84                  |                        |
| то   | TAL CLAIMS           | 45  | minus 20=          | · do  | 5                |            | X\$ 9=            |                        | OR      | X\$18=              | 450                    |
| INDEPENDENT CLAIMS 2 minus 3   |                      |   |                    | = .   |                  |            | X39=              |                        | OR      | X78=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                      |   |                    |   |                  |            | +130=             |                        | OR      | +260=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |                      |   |                    |   |                  | -          | TOTAL             |                        | OR      | TOTAL               | 1290                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |                      |   |                    |   |                  |            | SMALL E           | NTITY                  | OŖ      | OTHER<br>SMALL I    |                        |
| NTA  |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME  | Total                | *   |                    | t t   | =                | ļ          | X\$ 9=            |                        | OR      | X\$18=              |                        |
| AMENDMENT  | Independent          | *   |                    | ***   | =                |            | X39=              |                        | OR      | X78=                |                        |
| -  | FIRST PRESE          | NTATION OF M                                | ULTIPLE DEPE       | NDENT CLAIM                                 |                  |            | ∔130=             |                        | OR      | +260=               |                        |
|  |                      |   |                    |   |                  | L          | TOTAL             |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
|  | •                    | (Column 1)                                  |                    | (Column 2)                                  | (Column 3)       | P          | NDDIT. FEE        | ,                      |         | ADDII.1 EE          |                        |
| NTB  |                      | CLAIMS REMAINING AFTER AMENDMENT            |                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total                | · 52  | Minus              | 45  | =                |            | X\$ 9=            |                        | OR      | X\$18=              |                        |
| MEN  | Independent          | ・ス  | Minus              | ··· 3                                       | =                |            | X39=              |                        | OR      | X78=                |                        |
|  | FIRST PRESE          | NTATION OF N                                | IULTIPLE DEPE      | NDENT CLAIN                                 | 1                |            | +130=             |                        | OR      | +260=               |                        |
|  | a)                   |   |                    |   |                  | L          | TOTAL             |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
| i.   |                      | (Oakumm 4)                                  |                    | (Column 2)                                  | (Column 3)       |            | ADDIT. FEE        |                        |         | A0011.1 Ec          |                        |
| MENT C   |                      | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| :  | Total                |   | 1 1 1 1 1 1 1      | y -   |                  | <br>       | X\$ 9=            |                        | OR      | X\$18=              |                        |
| AMEN   | Independent          | •   | Minus              | ***   | =                |            | X39=              |                        | OR      | X78=                |                        |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | FIRST PRESE          | NTATION OF N                                | AULTIPLE DEPI      | ENDENT CLAIR                                | <u>M</u>         | 1          | .120-             |                        | 1 .     |                     |                        |
| 1.   | If the entry in colu | ımn 1 is less than                          | the entry in colum | n 2, write "0" in c                         | olumn 3.         |            | +130=             |                        | OR      | TOTAL               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                      |   |                    |   |                  |            |                   |                        |         | E <b>I</b>          |                        |
| 1  | The Highest Nur      | mber Previously P                           | Paid For (Total or | independent) is t                           | ne nignest numb  | er 10      | Vukrůlne et       | Thirthiag D            | VA 81 U |                     |                        |